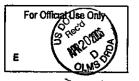
U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 84/6	2. Fiscal Year Covered From
	1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name Franklin : Bailey , Ranklin :	Name Plumbers & Pipefitters Local 589
	Labor Organization File Number 028-559½ 3
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 807 13th Street 7 - 1 21	Street 107 South: 15th; Avenue West
City Virginia , i , i , i , i , i , i , i , i , i ,	City Virginia "- 1 7, 7, 7, 7, 11
State Minnesota : ZIP Code + 4 55792 ; r	State Minnesota 7 ZiP Code + 4 55792
5 Position in labor organization Local 589 Executive Board Member 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PO Box Bldg Room No If any	7 b Amount
Street	, i s randate
City 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
State ZIP Code + 4	
Signature	
15 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed Franklin & Bailey	On 3/28/66 (218) 741-4643 Telephone Number

Name of Person Filing Franklın Bailey	File Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any)	9 Business deals with
Name Joint Apprenticeship Cmte of Local 11:& 589;	
Trade Name If any	a Labor Organization
PO Box Bldg Room No If any	b Trust
Street 4402 Airpark Boulevard 1 #3 1 - 1	E Employer
City Dulüth	
State Minnesota , ZIP Code + 4 55811-5712	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	The Labor Organization listed in #4 above jointly sponsors the Trust Fund listed in #8 above
Trade Name if any	
PO Box, Bldg Room No If any	
Street	
City	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
State ZIP Code + 4	Treceived wages from the Apprenticeship Trust Fund set Forth in #8 above for teaching apprenticeship training courses
	12 b Amount \$1 242
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant	14.a Nature of payment
(including trade name if any)	
Name	The state of the s
Trade Name If any	
PO Box Bidg Room No If any : * * *	
Street Street	The state of the s
City T T T T T T	
State ZIP Code + 4	-11 R - 12 T - 1
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.